

**Note: This is a sample
template, it is not
an OMB approved
form.**

Universal 911 Dialing- First Transition Report

Please read instructions before completing

**Section 1
Carrier Identification Information**

Parent Company Name

Service Provider Name
Wabash Telephone Cooperative, Inc.

Company Address, City, State, Zip

210 South Church St.
Louisville, IL 62858-0299

Service Provider Type ☐ Wireless ☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name
David R. Grahm

Contact Tel #
618-665-3311

Fax #
618-665-4188

E-mail Address
dgrahn@wabash.net

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Clay County, Illinois
Edwards County, Illinois
Wayne County, Illinois

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

No yet specified by the County

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

Represented at a statewide meeting of the carriers and the counties sponsored by the Illinois Commerce Commission to review the statutory requirements. This meeting was held on March 5, 2002.

The Illinois Telecommunications subcommittee has prepared a preliminary guide for the counties and carriers for meeting the requirements of the Nationwide "911" service.

Translations and other work cannot be completed until a location to deliver the calls has been established by the county.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

The transition will be completed on or before 9-2-02 unless a waiver is granted.

Section 3
911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

The counties have not designated an answering point location and there is no statewide answering point. Who will pay the costs related to establishing the service and the related toll charges have not been determined.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

Request via mail and personal contact have been made of the local County Board Chairmen. As of this filing date, no decision has been received.

Section 4

Certification - To be signed by an authorized representative of the reporting entity

- ☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.
- ☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature David R. Grahn

David R. Grahn

Title General Manager/EVP

Date March 8, 2002

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.